

**2009**

**New Hampshire**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**November 2009**

# Behavioral Risk Factor Surveillance System 2009 Draft Questionnaire

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## Interviewer's Script

Answering Machine message text:

Hello, my name is \_\_\_\_\_. I am calling on behalf of the

**New Hampshire Department of Health** to conduct an important study on the health of New Hampshire residents.

Please call us at 1-800-992-5203 at your convenience. Thanks."

Intro1

HELLO, I am calling for the New Hampshire Department of Health and Human Services. My name is \_\_\_\_\_ (**name**) . We are gathering information about the health of **New Hampshire** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. . I can provide you a name and number from the New Hampshire Department of Health and Human Services. Would you like that now? [IF YES: YOU CAN CALL the Survey Coordinator AT 1-603-271-4671]

Is this \_\_\_\_\_ (phone number) ?

**If "no,"**

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence in New Hampshire?

**If "no,"**

Thank you very much, but we are only interviewing private residences in New Hampshire.. **STOP**

Is this a cellular telephone?

**Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood."**

1 **No – Not a Cellular Telephone**

2 **Yes**

**If "yes,"**

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

\_\_\_ Number of adults

**If "1,"**

Are you the adult?

**If "yes,"**

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

**If "no,"**

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men?

\_\_\_ Number of men

How many of these adults are women?

\_\_\_ Number of women

The person in your household that I need to speak with is \_\_\_\_\_.

**If "you," go to YOURTHE1**

**To the correct respondent:**

Intro2

HELLO, I am calling for the New Hampshire Department of Health and Human Services. My name is \_\_\_\_\_ **(name)**. We are gathering information about the health of New Hampshire residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. I can provide you a name and number from the New Hampshire Department of Health and Human Services. Would you like that now? [IF YES: YOU CAN CALL the Survey Coordinator at 1-603-271-4671]

### **Confidentiality Statement**

YOURTHE1

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, please call **1-603-271-4671**. This call may be monitored and recorded for quality assurance and the interview will take approximately 20 minutes.

## **Section 1: Health Status**

---

**//Ask of all//**

**S1q1** Would you say that in general your health is—

(73)

**Please read:**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

**Or**

- 5 Poor

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## **Section 2: Healthy Days — Health-Related Quality of Life**

---

**//Ask of all//**

**S2q1** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

— NUMBER OF DAYS  
8 8 NONE  
7 7 DON'T KNOW / NOT SURE  
9 9 REFUSED

//Ask of all//

**S2q2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

— NUMBER OF DAYS  
8 8 NONE (If s2q1 and s2q2 = 88 (None), go to next section)  
7 7 DON'T KNOW / NOT SURE  
9 9 REFUSED

//If s2q1 = 88 AND s2q2 = 88 go to next section; Else continue to s2q3//

**s2q3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

— NUMBER OF DAYS  
8 8 NONE  
7 7 DON'T KNOW / NOT SURE  
9 9 REFUSED

### Section 3: Health Care Access

---

//ask of all//

**s3q1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

1 YES  
2 NO  
7 DON'T KNOW / NOT SURE  
9 REFUSED

//ask of all//

**s3q2** Do you have one person you think of as your personal doctor or health care provider?  
**IF "NO," ASK: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"** (81)

- 1 YES, ONLY ONE
- 2 MORE THAN ONE
- 3 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

**s3q3**

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

(82)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

**s3q4**

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

(83)

**READ IF NECESSARY**

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE
- 8 NEVER
- 9 REFUSED

## Section 4: Sleep

---

//ask of all//

The next question is about getting enough rest or sleep.

**s4q1**

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

(84-85)

- NUMBER OF DAYS
- 8 8 NONE
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

## Section 5: Exercise

---

//ask of all//

**s5q1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (86)

|   |                       |
|---|-----------------------|
| 1 | YES                   |
| 2 | NO                    |
| 7 | DON'T KNOW / NOT SURE |
| 9 | REFUSED               |

## Section 6: Diabetes

---

//ask of all//

**s6q1** Have you ever been told by a doctor that you have diabetes? (87)

**IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"**

[IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.]

|   |  |
|---|--|
| 1 | YES  |
| 2 | YES, BUT FEMALE TOLD ONLY DURING PREGNANCY |
| 3 | NO   |
| 4 | NO, PRE-DIABETES OR BORDERLINE DIABETES    |
| 7 | DON'T KNOW / NOT SURE                      |
| 9 | REFUSED                                    |

## Module 1: Pre-Diabetes

---

**NOTE: Only asked of those not responding "Yes" (code = 1) to Core s6q1 (Diabetes awareness question).**

/if s6q1=1, go to next section/

//ask if s6q1=2,3,4,7,9//

**Mod1\_1.** Have you had a test for high blood sugar or diabetes within the past three years? (245)

|   |                       |
|---|-----------------------|
| 1 | YES                   |
| 2 | NO                    |
| 7 | DON'T KNOW / NOT SURE |
| 9 | REFUSED               |

/CATI: If Core s6q1=4 (No, pre-diabetes or borderline diabetes), answer Mod1\_2 "Yes" (code = 1).

**Mod1\_2.** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

(246)

- 1 YES
- 2 YES, DURING PREGNANCY
- 3 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 2: Diabetes

---

To be asked following Core s6q1 if response is "Yes" (code = 1)

/if s6q1 continue; if s6q1=2,3,4,7,9 go to next section/

//ask if s6q1=1//

**Mod2\_1.** How old were you when you were told you have diabetes?

(247-248)

- — CODE AGE IN YEARS [97 = 97 AND OLDER]
- 9 8 DON'T KNOW / NOT SURE
- 9 9 REFUSED

//ask of all (if s6q1=1)//

**Mod2\_2.** Are you now taking insulin?

(249)

- 1 YES
- 2 NO
- 9 REFUSED

//ask of all//

**Mod2\_3.** About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(250-252)

- 1 — — Times per day
- 2 — — Times per week
- 3 — — Times per month
- 4 — — Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

//ask of all//



**Mod2\_4.** About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (253–255)

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

//ask of all//

**Mod2\_5.** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)

- \_ \_ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

//ask of all//

**Mod2\_6.** A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (258-259)

- \_ \_ Number of times [76 = 76 or more]
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

/CATI note: If Mod2\_4 = 555 (No feet), go to Mod2\_8./

//ask if mod2\_4=1xx,2xx,3xx,4xx,777,888,999//

**Mod2\_7.** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

- \_ \_ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

//ask of all//

**Mod2\_8.** When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (262)

**Read only if necessary:**

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago

**Do not read:**

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

//ask of all//

**Mod2\_9.** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

//ask of all//

**Mod2\_10.** Have you ever taken a course or class in how to manage your diabetes yourself? (264)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 7: Hypertension Awareness

---

//ask of all//

**s7q1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (88)

**IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"**

- 1 YES
- 2 **(GO TO NEXT SECTION)** YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
- 3 **(GO TO NEXT SECTION)** NO
- 4 **(GO TO NEXT SECTION)** TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE
- 7 **(GO TO NEXT SECTION)** DON'T KNOW / NOT SURE
- 9 **(GO TO NEXT SECTION)** REFUSED

**//if s7q1=2,3,4,7,9 go to next section/**

**//ask if s7q1=1//**

**s7q2** Are you currently taking medicine for your high blood pressure? (89)

1 YES  
2 NO  
7 DON'T KNOW / NOT SURE  
9 REFUSED

## Section 8: Cholesterol Awareness

---

**//ask of all//**

**s8q1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (90)

1 YES  
2 **(GO TO NEXT SECTION)** NO  
7 **(GO TO NEXT SECTION)** DON'T KNOW / NOT SURE  
9 **(GO TO NEXT SECTION)** REFUSED

**//if s8q1=2,7,9 go to next section/**

**//ask if s8q1=1//**

**s8q2** About how long has it been since you last had your blood cholesterol checked? (91)

**Read only if necessary:**

1 Within the past year (anytime less than 12 months ago)  
2 Within the past 2 years (1 year but less than 2 years ago)  
3 Within the past 5 years (2 years but less than 5 years ago)  
4 5 or more years ago

**Do not read:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

**//ask if s8q1=1//**

**s8q3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (92)

1 YES  
2 NO

7 DON'T KNOW / NOT SURE  
9 REFUSED

## Section 9: Cardiovascular Disease Prevalence

---

**//Read to all//**

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

**//ask of all//**

**s9q1** Ever told you had a heart attack, also called a myocardial infarction? (93)

1 YES  
2 NO  
7 DON'T KNOW / NOT SURE  
9 REFUSED

**//ask of all//**

**s9q2** Ever told you had angina or coronary heart disease? (94)

1 YES  
2 NO  
7 DON'T KNOW / NOT SURE  
9 REFUSED

**//ask of all//**

**s9q3** Ever told you had a stroke? (95)

1 YES  
2 NO  
7 DON'T KNOW / NOT SURE  
9 REFUSED

## Section 10: Asthma

---

**//ask of all//**

**s10q1** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (96)

- 1 Yes
- 2 **(GO TO NEXT SECTION)** No
- 7 **(GO TO NEXT SECTION)** Don't know / Not sure
- 9 **(GO TO NEXT SECTION)** Refused

**//If s10q1=2,7,9 go to next section/**

**//Ask if s10q1=1//**

**s10q2** Do you still have asthma? (97)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 11: Tobacco Use

---

**//ask of all//**

**s11q1** Have you smoked at least 100 cigarettes in your entire life? (98)

**[NOTE: 5 PACKS = 100 CIGARETTES]**

- 1 YES
- 2 **(Go to s11q5)** NO
- 7 **(Go to s11q5)** DON'T KNOW / NOT SURE
- 9 **(Go to s11q5)** REFUSED

**//If s11q1=2,7,9 go to s11q5/**

**//Ask if s11q1=1//**

**s11q2** Do you now smoke cigarettes every day, some days, or not at all? (99)

- 1 EVERY DAY
- 2 SOME DAYS
- 3 **(Go to s11q4)** NOT AT ALL
- 7 **(Go to s11q5)** DON'T KNOW / NOT SURE
- 9 **(Go to s11q5)** REFUSED

**//If s11q2=3 go to s11q4; Else if s11q2=7,9 go to s11q5/**

**//ask if s11q2=1 or 2//**

**s11q3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

- 1 (GO TO S11Q5) YES
- 2 (GO TO S11Q5) NO
- 7 (GO TO S11Q5) DON'T KNOW / NOT SURE
- 9 (GO TO S11Q5) REFUSED

//ask if s11q2=3//

**s11q4** How long has it been since you last smoked cigarettes regularly? (101-102)

**Read if necessary**

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more

**Do not read**

- 08 NEVER SMOKED REGULARLY
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**s11q5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

**[NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.]**

(103)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 12: Demographics

---

//ask of all//

**s12q1** What is your age? (104-105)

- CODE AGE IN YEARS
- 0 7 DON'T KNOW / NOT SURE
- 0 9 REFUSED

//ask of all//

**s12q2** Are you Hispanic or Latino? (106)

- 1 YES

- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

**s12q3** Which one or more of the following would you say is your race?

(107-112)

**(Check all that apply) /MUL=6/**

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

**Or**

- 6 Other [specify] \_\_\_\_\_

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//If s12q3 = MUL response continue with s12q4; Else if one response to s12q3, go to s12q5.**

**s12q4** Which one of these groups would you say best represents your race?

(113)

**//List only responses given at s12q3//**

**Please read**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] \_\_\_\_\_

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

**s12q5** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(114)

**Read if necessary**

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months
- 4 No, training for Reserves or National Guard only

5 No, never served in the military

**Do not read**

7 DON'T KNOW / NOT SURE

9 REFUSED

//ask of all//

**s12q6** Are you...?

(115)

**Please read:**

1 Married

2 Divorced

3 Widowed

4 Separated

5 Never married

**Or**

6 A member of an unmarried couple

**Do not read:**

9 REFUSED

//ask of all//

**s12q7** How many children less than 18 years of age live in your household?

(116-117)

\_\_ CODE NUMBER OF CHILDREN

8 8 NONE

9 9 REFUSED

//ask of all//

**s12q8** What is the highest grade or year of school you have completed?

(118)

**Read only if necessary:**

1 Never attended school or only attended kindergarten

2 Grades 1 through 8 (Elementary)

3 Grades 9 through 11 (Some high school)

4 Grade 12 or GED (High school graduate)

5 College 1 year to 3 years (Some college or technical school)

6 College 4 years or more (College graduate)

**Do not read:**

9 REFUSED

//ask of all//

**s12q9** Are you currently...?

(119)

**Please read:**



- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- Or**
- 8 Unable to work

**Do not read:**

- 9 REFUSED

//ask of all//

**s12q10** Is your annual household income from all sources—

(120-121)

**IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE '99' (REFUSED)**

**Read only if necessary:**

- 0 4 Less than \$25,000 **If “no,” ask 05; if “yes,” ask 03**  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If “no,” code 04; if “yes,” ask 02**  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If “no,” code 03; if “yes,” ask 01**  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If “no,” code 02**
- 0 5 Less than \$35,000 **If “no,” ask 06**  
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If “no,” ask 07**  
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If “no,” code 08**  
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

**Do not read:**

- 7 7 Don't know / Not sure
- 9 9 Refused

//ask of all//

**s12q11** About how much do you weigh without shoes?

(122-125)

**/Note: If respondent answers in metrics, put “9” in column 122./**

**ROUND FRACTIONS UP**

\_ \_ \_ \_ Weight  
 (Pounds/Kilograms)  
 7 7 7 7 Don't Know / Not Sure  
 9 9 9 9 Refused

//ask of all//

**s12q12** About how tall are you without shoes? (126-129)

**/Note: If respondent answers in metrics, put "9" in column 126./**

**ROUND FRACTIONS DOWN**

\_ \_ / \_ \_ HEIGHT  
 (F T / INCHES/METERS/CENTIMETERS)  
 7 7 / 7 7 DON'T KNOW / NOT SURE  
 9 9 / 9 9 REFUSED

**//If s12q11 = 7777 or 9999 skip s12q13 and s12q14; else continue//**

**s12q13** How much did you weigh a year ago?

**/CATI: If female respondent and age <46, add:** If you were pregnant a year ago, how much did you weigh before your pregnancy?

(130-133)

**/Note: If respondent answers in metrics, put "9" in column 130./**

**ROUND FRACTIONS UP**

\_ \_ \_ \_ Weight  
 (pounds/kilograms)  
 7 7 7 7 (Go to s12q15) Don't know / Not sure  
 9 9 9 9 (Go to s12q15) Refused

**/CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14./**

**//ask if s12q11 and s12q13 answers are NOT the same//**

**s12q14** Was the change between your current weight and your weight a year ago intentional? (134)

1 YES  
 2 NO  
 7 DON'T KNOW / NOT SURE  
 9 REFUSED

//ask of all//

**s12q15** What county do you live in? (135-137)

|       |                       |
|-------|-----------------------|
| 7 7 7 | FIPS county code      |
| 9 9 9 | Don't know / Not sure |
|       | Refused               |

## State-Added 1: Demographics

---

{CATI: If county=777 or 999, use assigned county from sample to trigger list of towns, else use county to trigger list}

NH\_1            What town do you live in?

|     |                       |
|-----|-----------------------|
|     | Enter Town Code       |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused               |

## Section 12: Demographics, continued

---

//ask of all//

**s12q16**            What is your ZIP Code where you live? (138-142)

|           |                       |
|-----------|-----------------------|
|           | ZIP Code              |
| 7 7 7 7 7 | Don't know / Not sure |
| 9 9 9 9 9 | Refused               |

//ask of all//

**s12q17**            Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (143)

|   |   |
|---|---|
| 1 | Yes   |
| 2 | <b>[Go to s12q19]</b> No                    |
| 7 | <b>[Go to s12q19]</b> Don't know / Not sure |
| 9 | <b>[Go to s12q19]</b> Refused               |

//if s12q17=2,7,9 go to s12q19/

//ask if s12q17=1//

**s12q18**            How many of these telephone numbers are residential numbers? (144)

|   |  |
|---|--|
|   | Residential telephone numbers <b>[6 = 6 or more]</b> |
| 7 | Don't know / Not sure                                |
| 9 | Refused  |

//ask of all//

**s12q19** During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (145)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

//ask of all//

**s23q1** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

- 1 **[GO TO s23q3]** YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

//ask if s23q1=2,7,9//

**s23q2** Do you share a cell phone for personal use (at least one-third of the time) with other adults?

- 1) **[Go TO s23q4]** YES
- 2) **[SKIP TO s12q20]** NO
- 7) **[SKIP TO s12q20]** DON'T KNOW
- 9) **[SKIP TO s12q20]** REFUSED

//ask if s23q1=1//

**s23q3** Do you usually share this cell phone (at least one-third of the time) with any other adults?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

//ask if s23q1=1 OR s123q2=1//

**s23q4** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

- \_\_\_ % Record value between 0% and 100%,
- 777 Don't Know
- 999 Refused

//ask of all//

**s12q20** **INDICATE SEX OF RESPONDENT. Ask only if necessary.** (146)

- 1 Male **[Go to next section]**
- 2 Female **[If respondent is 45 years old or older, go to next section]**

//ask if s12q20=2 AND s12q1>44//

**s12q21** To your knowledge, are you now pregnant? (147)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## Section 13: Caregiver Status

---

//ask of all//

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

**s13q1** During the past month, did you provide any such care or assistance to a friend or family member? (148)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## Section 14: Disability

---

The following questions are about health problems or impairments you may have.

//ask of all//

**s14q1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (149)

1 Yes  
2 No  
7 Don't know / Not Sure  
9 Refused

//ask of all//

**s14q2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (150)

**[Include occasional use or use in certain circumstances.]**

1 Yes

- 2 No
- 7 Don't know / Not Sure
- 9 Refused

## Section 15: Alcohol Consumption

---

//ask of all//

**s15q1** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (151)

- 1 Yes
- 2 **[Go to next section]** No
- 7 **[Go to next section]** Don't know / Not sure
- 9 **[Go to next section]** Refused

//if s15q1=2,7,9 go to next section/

//ask if s15q1=1//

**s15q2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (152-154)

- 1 \_ \_ Days per week
- 2 \_ \_ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

//if s15q2=888 go to next section/

//ask if s15q2=1xx, 2xx, 777, 999//

**s15q3** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (155-156)

**Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

- \_ \_ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

//ask of all (who answered s15q3)//

**s15q4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (157-158)

\_\_ \_\_ Number of times  
 8 8 None  
 7 7 Don't know / Not sure  
 9 9 Refused

//ask of all (who answered s15q3)//

**s15q5** During the past 30 days, what is the largest number of drinks you had on any occasion?

(159-160)

\_\_ \_\_ Number of drinks  
 7 7 Don't know / Not sure  
 9 9 Refused

## Module 31: Novel H1N1 Adult Immunization (October 1, 2009 – December 31, 2009)

---

//ask of all//

**Mod31\_1.** There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.  
 Since September, 2009, have you been vaccinated either way for the H1N1 flu?

1 Yes  
 2 No **[Go to Q16.1]**  
 7 Don't Know / Not Sure **[Go to Q16.1]**  
 9 Refused **[Go to Q16.1]**

//ask if mod31\_1 = 1//

**Mod31\_2** During what month did you receive your H1N1 flu vaccine?

\_\_ \_\_ Month [range = 1-12]  
 77 Don't Know / Not Sure  
 99 Refused

**CATI note:** **[If Mod31\_2\_Month in (7, 8, 9, 10, 11, 12) then Mod31\_2\_Year=2009; else if M31.2\_Month in (1, 2, 3, 4, 5, 6) then M31.2\_Year=2010]**

**Interviewer verify response** - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

//ask if mod31\_1 = 01//

**Mod31\_3** Was this a shot or was it a vaccine sprayed in the nose?

1. Flu shot  
 2. Flu Nasal Spray (spray, mist or drop in the nose)  
 7. Don't Know / Not Sure  
 9. Refused

## Section 16: Immunization

---

//ask of all//

**s16q1** Now I will ask you questions about seasonal flu A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot? (161)

- 1 Yes
- 2 **[Go to s16q3]** No
- 7 **[Go to s16q3]** Don't know / Not sure
- 9 **[Go to s16q3]** Refused

/if s16q1=2,7,9 go to s16q3/

//ask if s16q1=1//

**s16q2** During what month and year did you receive your most recent seasonal flu shot? (162-167)

- \_\_ / \_\_ Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

//ask of all//

**s16q3** The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose? (168)

- 1 Yes
- 2 **[Go to s16q5]** No
- 7 **[Go to s16q5]** Don't know / Not sure
- 9 **[Go to s16q5]** Refused

/if s16q3=2,7,9 go to s16q5/

//ask if s16q3=1//

**s16q4** During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose? (169-174)

- \_\_ / \_\_ Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

//ask of all//

**s16q5** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?



- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Pandemic Influenza Questions (Jan-Feb 2009 only)

---

//ask of all//

**PF1.** What do you think is the most effective ONE thing you can do to prevent getting sick from the flu?

(751)

**Please read:**

- 1 Avoiding touching your eyes, nose or mouth as much as possible during the flu season
- 2 Avoiding close contact with others who may have the flu
- 3 Getting the flu vaccination
- 4 Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

**PF2** What do you think is the most effective thing to do to prevent spreading the flu to people when you are sick?

(752)

**Please read:**

- 1 Frequent hand washing
- 2 Covering your mouth and nose when coughing or sneezing
- 3 Staying home when you are sick with the flu
- 4 Getting the flu vaccination

OR

- 5 Something else

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

**PF3.** If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu?

(753)

25

**Interviewer Note: Please read both the subjective label and the percentage range.**

- 1 Very high (90-100%)
- 2 High (70-89%)
- 3 Average (50-69%)
- 4 Low (20-49%)
- 5 Very low (0-19%)

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

**PF4.** If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you? (754)

**Please read:**

- 1 Definitely get one
- 2 Probably get one
- 3 Probably not get one
- 4 Definitely not get a pandemic flu vaccination

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

**PF5.** If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you... (755)

**Please read:**

- 1 Definitely go
- 2 Probably go
- 3 Probably not go
- 4 Definitely not go to a particular place to get vaccinated

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

**PF6.** Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important ONE thing you would want to know? (756-757)

**Please read:**

- 0 1 How to prevent getting the flu
- 0 2 How to prevent spreading the flu
- 0 3 Symptoms of the flu
- 0 4 How to treat the flu

- 0 5 Cities where cases of the flu have been identified
- 0 6 Information about the flu vaccine
- 0 7 Something else

**Do not read:**

- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

//ask of all//

**PF7.** During a pandemic flu outbreak in the U.S., what would be your ONE most preferred source for getting information about the pandemic flu? Please tell me your one most preferred source. (758-759)

**Do not read:**

- 0 1 NEWSPAPERS
- 0 2 TELEVISION
- 0 3 RADIO
- 0 4 INTERNET WEBSITES
- 0 5 YOUR DOCTOR
- 0 6 THE CDC (CENTERS FOR DISEASE CONTROL AND PREVENTION)
- 0 7 STATE OR LOCAL PUBLIC HEALTH DEPARTMENTS
- 0 8 OTHER GOVERNMENT AGENCIES
- 0 9 FAMILY OR FRIENDS
- 1 0 RELIGIOUS LEADERS
- 1 1 SOME OTHER SOURCE
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

//ask of all//

**PF8.** Excluding vaccination, what is the ONE most likely thing you would do if a pandemic flu outbreak were reported IN YOUR STATE? Please choose one from the following list? (760-761)

**Please read:**

- 0 1 Consult a website
- 0 2 Avoid crowds and public events
- 0 3 Consult your doctor
- 0 4 Try to get a prescription for an anti-viral drug such as Tamiflu
- 0 5 Reduce or avoid travel
- 0 6 Wash hands frequently
- 0 7 Wear a face mask
- 0 8 Keep household members at home while the outbreak lasts
- 0 9 Stock up on medicines and food to help with flu symptoms
- 1 0 Something else

**INTERVIEWER SAY: I will repeat the question and answer choices to assist your recall.**

**Do not read:**

- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

//ask of all//

**PF9.** If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month? (762)

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely to stay at home for a month
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask if s12q9=1, 2, 9

**PF10.** I'm going to read you a list of job types. Please tell me if you currently work in any of these fields. (763)

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
- b. Public health, healthcare provider, home health, or in a nursing home.
- c. Homeland or national security as one who would be deployed during a flu pandemic.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 17: Arthritis Burden

---

Next I will ask you about arthritis.

//ask of all//

**s17q1** Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (176)

**INTERVIEWER NOTE: Arthritis diagnoses include:**

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

- 1 YES
- 2 [GO TO NEXT SECTION] NO

7 [GO TO NEXT SECTION] DON'T KNOW / NOT SURE  
9 [GO TO NEXT SECTION] REFUSED

**/if s17q1=2,7,9 go to next section/**

**//ask if s17q1=1//**

Arthritis can cause symptoms like pain, aching, or stiffness in or around the joint.

**s17q2** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(177)

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

1 YES  
2 NO  
7 DON'T KNOW / NOT SURE  
9 REFUSED

**INTERVIEWER NOTE:** THIS QUESTION SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.

**//ask of all (if s17q1=1)//**

**s17q3** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

(178)

**INTERVIEWER INSTRUCTION:** If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

1 YES  
2 NO  
7 DON'T KNOW / NOT SURE  
9 REFUSED

**//ask of all (if s17q1=1)//**

**17.4** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

(179)

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

**Please read [1-3]:**

1 A lot  
2 A little  
3 Not at all

**Do not read:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

//ask of all (if s17q1=1)//

**s17q5** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

(180-181)

\_\_ \_\_ Enter number [0-10]  
7 7 Don't know / Not sure  
9 9 Refused

## Section 18: Fruits and Vegetables

---

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods *you* eat, both at home and away from home.

//ask of all//

**s18q1** How often do you drink fruit juices such as orange, grapefruit, or tomato?

(182-184)

1 \_\_ Per day  
2 \_\_ Per week  
3 \_\_ Per month  
4 \_\_ Per year  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

//ask of all//

**s18q2** Not counting juice, how often do you eat fruit?

(185-187)

1 \_\_ Per day  
2 \_\_ Per week  
3 \_\_ Per month  
4 \_\_ Per year  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

//ask of all//

**s18q3** How often do you eat green salad?

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

//ask of all//

**s18q4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (191-193)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

//ask of all//

**s18q5** How often do you eat carrots? (194-196)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

//ask of all//

**s18q6** Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (197-199)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

## Section 19: Physical Activity

---

/CATI note: If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to Q19.2./

//ask if s12q9=1 or 2//

**S19q1** When you are at work, which of the following best describes what you do? Would you say— (200)

**IF RESPONDENT HAS MULTIPLE JOBS, INCLUDE ALL JOBS.**

**Please read:**

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//read to all//

**Please read:**

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

//ask of all//

**s19q2** Now, thinking about the moderate activities you do **[fill in “when you are not working” if “employed” or self-employed]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (201)

- 1 YES
- 2 **[GO TO s19q5]** NO
- 7 **[GO TO s19q5]** DON'T KNOW / NOT SURE
- 9 **[GO TO s19q5]** REFUSED

/if s19q2=2,7,9 go to s19q5/

//ask if s19q2=1//

**s19q3** How many days per week do you do these moderate activities for at least 10 minutes at a time? (202-203)

- 8 8 Days per week **[RANGE 01-07]**  
**[Go to s19q5]** Do not do any moderate physical activity for at least 10 minutes at a time?
- 7 7 **[Go to s19q5]** Don't know / Not sure
- 9 9 **[Go to s19q5]** Refused

/if s19q3=88,77,99 go to s19q5/

//ask if s19q3=01-07//



**s19q4** On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (204-206)

\_: \_ Hours and minutes per day  
7 7 7 Don't know / Not sure  
9 9 9 Refused

//ask of all//

**s19q5** Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (207)

1 YES  
2 [GO TO NEXT SECTION] NO  
7 [GO TO NEXT SECTION] DON'T KNOW / NOT SURE  
9 [GO TO NEXT SECTION] REFUSED

/if s19q5=2,7,9 go to next section/

//ask if s19q5=1//

**s19q6** How many days per week do you do these vigorous activities for at least 10 minutes at a time? (208-209)

\_ \_ Days per week [RANGE 01-07]  
8 8 [Go to next section] Do not do any vigorous physical activity for at least 10 minutes at a time  
7 7 [Go to next section] Don't know / Not sure  
9 9 [Go to next section] Refused

/if s19q6=88,77,99 go to next section/

//ask if s19q6=01-07//

**s19q7** On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (210-212)

\_: \_ Hours and minutes per day  
7 7 7 Don't know / Not sure  
9 9 9 Refused

## Section 20: HIV/AIDS

---

/CATI note: If respondent is 65 years old or older (s12q1>64) go to next section./

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

//ask if s12q1<65//

**s20q1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (213)

- 1 YES
- 2 [GO TO S20Q5] NO
- 7 [GO TO S20Q5] DON'T KNOW / NOT SURE
- 9 [GO TO S20Q5] REFUSED

/if s20q1=2,7,9 go to s20q5/

//ask if s20q1=1//

**s20q2** Not including blood donations, in what month and year was your last HIV test? (214-219)

**NOTE: If response is before January 1985, code "Don't know."**

**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

- \_\_ / \_\_ \_\_ \_\_ \_\_ Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

//ask if s20q1=1//

**s20q3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (220-221)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

/Ask s20q4 if s20q2 = within last 12 months. Otherwise, go to s20q5./

**s20q4** Was it a rapid test where you could get your results within a couple of hours? (222)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all (if s12q1<65)//

**s20q5** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- § You have used intravenous drugs in the past year.
- § You have been treated for a sexually transmitted or venereal disease in the past year.
- § You have given or received money or drugs in exchange for sex in the past year.
- § You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(223)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 21: Emotional Support and Life Satisfaction

---

The next two questions are about emotional support and your satisfaction with life.

//ask of all//

**s21q1** How often do you get the social and emotional support you need?

**INTERVIEWER NOTE: If asked, say "please include support from any source."**

(224)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

**s21q2** In general, how satisfied are you with your life?

(225)

**Please read:**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 22: Cancer Survivors

---

Now I am going to ask you about cancer.

//ask of all//

**s22q1** Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

(226)

**Read only if necessary:** By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

- 1 Yes
- 2 **[Go to next section (transition statement)]** No
- 7 **[Go to next section (transition statement)]** Don’t know / Not sure
- 9 **[Go to next section (transition statement)]** Refused

/if s22q1=2,7,9, go to next section/

//ask if s22q1=1//

**s22q2** How many different types of cancer have you had?

(227)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 **[Go to next section (transition statement)]** Don’t know / Not sure
- 9 **[Go to next section (transition statement)]** Refused

/if s22q2=7 or 9 go to next section/

//ask if s22q2=1,2 or 3//

**s22q3** At what age were you told that you had cancer?

**/CATI note: If s22q2 = 2 (Two) or 3 (Three or more), ask: “At what age was your first diagnosis of cancer?”**

\_\_\_ Code age in years {97 = 97 and older}

9 8 Don't know/ Not sure

9 9 Refused

**INTERVIEWER NOTE:** THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.

//ask of all (if s22q2=1,2,3)//

**s22q4** What type of cancer was it?

**CATI note:** If Q22.2 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

(230-231)

**INTERVIEWER NOTE:** Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

**Breast**

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

**Head/Neck**

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

**Gastrointestinal**

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

**Male reproductive**

1 8 Prostate cancer

1 9 Testicular cancer

**Skin**

- 2 0 Melanoma
- 2 1 Other skin cancer

**Thoracic**

- 2 2 Heart
- 2 3 Lung

**Urinary cancer:**

- 2 4 Bladder cancer
- 2 5 Renal (kidney) cancer

**Others**

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

**Do not read:**

- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 24: H1N1 Adult (September 1, 2009 to December 31, 2009)

---

//ask of all//

We would like to ask you some questions about recent respiratory illnesses.

- S24q1.** During the past month, were you ill with a fever? (918)
- 1 = Yes
  - 2 = No – [Go to Q8]
  - 7 = Don't know – [Go to Q8]
  - 9 = Refused – [Go to Q8]

//ask if s24q1=1//

- S24q2.** Did you also have a cough and/or sore throat? (919)
- 1 = Yes
  - 2 = No – [Go to Q8]
  - 7 = Don't know – [Go to Q8]
  - 9 = Refused – [Go to Q8]

//ask if s24q2=1//

- S24q3.** When did you first become ill with fever, cough or sore throat? [Interviewer: read off choices; choose the most specific] (920)
- 1 = Within the past week [Interviewer, if asked: past 1-7 days]
  - 2 = 2 weeks ago [Interviewer, if asked: : past 8-14 days]
  - 3 = 3-4 weeks ago [Interviewer, if asked: 15-30 days before today]
  - 7 = Don't know
  - 9 = Refused

//ask if s24q2=1//

- S24q4.** Did you visit a doctor, nurse, or other health professional for this illness? (921)
- 1 = Yes
  - 2 = No – [Go to Q8]
  - 7 = Don't know – [Go to Q8]
  - 9 = Refused – [Go to Q8]

//ask if s24q4=1//

**S24q5.** What did the doctor, nurse, or other health professional tell you? Did they say...[Interviewer: read off choices] (922)

- 1 = You had regular influenza or the flu,
- 2 = You had swine flu, also known as H1N1 or novel H1N1
- 3 = You had some other illness, but not the flu–

- 7 = Don't know/not sure
- 9 = Refused

//ask if s24q4=1//

**S24q6.** Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...[Interviewer: read off choices] (923)

- 1 = Yes, had flu test and it was positive
- 2 = No, had flu test but it was negative
- 3 = No, flu test was not done
- 7 = Don't know
- 9 = Refused

//ask if s24q4=1//

**S24q7.** Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat this illness? (924)

- 1 = Yes
- 2 = No
- 7 = Don't know
- 9 = Refused

**CATI Note: Apply prior to Q8; [(For a one adult household with no children, If the respondent has NOT been ill (Q1 = 2,7,9 or Q2=2,7,9) skip to next section); (For a one adult household with no children, If respondent has been ill (Q1=1 and Q2=1) go to Q10)]**

**//IF NUMADULT = 1 AND s12q7=88 AND (s24q1=2,7,9 OR s24q2=2,7,9) GO TO NEXT SECTION//**

**//IF NUMADULT = 1 AND s12q7=88 AND S24Q1=1 AND S24Q2=1 GO TO S24Q10//**

**//ask if (numadult>1) or (numadult=1 and s12q7 ≠ 88, 77, 99)**

**S24q8.** Did any other members of your household have a fever with cough or sore throat during the past month? (925)

- 1 = Yes
- 2 = No – [If (Q1 = 1(Yes) and Q2 = 1 (Yes)) Go to Q10, Else go to next section]
- 7 = Don't know
- 9 = Refused

//ask if s24q8=1,7,9//

**S24q9.** How many household members, , [CATI note: Fill in "including you," If Q1=1(Yes) and Q2=1 (Yes)] , were ill during the past month? (926-927)

- \_\_\_\_\_ # persons (≥ 1) [RANGE 1-77,88,99]
- 8 8 None
- 7 7 Don't know/Not Sure
- 9 9 Refused

s24q9A

ASK IF [s24q9#12-76]

I am sorry, just to double check, you indicated there were \:s24q9: household members' that were ill during the past month.

IS THIS CORRECT?

- 1 Yes
- 2 NO

**CATI note: If (s24Q1 = 1(Yes) and s24Q2 = 1 (Yes)) or s24Q8 = 1 (Yes) continue to s24Q10; otherwise, skip to next section.**

**S24q10.** How many people in your household, including you, were hospitalized for flu during the past month? [Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.]

- (928-929)
- \_\_\_\_\_ # persons [RANGE 1-77,88,99]
- 8 8 None
  - 7 7 Don't know/Not Sure
  - 9 9 Refused

s24q10A  
ASK IF s24q10 eq 12-76

I am sorry, just to double check, you indicated there were \:s24q10: household members' hospitalized during the past month.

IS THIS CORRECT?

- 1 Yes
- 2 NO

## Module 32: High Risk /Health Care Worker (October 1, 2009 – December 31, 2009)

//ask of all//

The next few questions ask about health care work and chronic illness.

**Mod32\_1.** Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

**INTERVIEWER NOTE: If necessary say:** "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

//ask of all//

**Mod32\_2.** Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.

- 1 Yes
- 2 No
- 7 Don't know / Not sure (**Interviewer: Probe by repeating question**)
- 9 Refused

//ask of all//

**Mod32\_3.** Has a doctor, nurse, or other health professional ever said that you have...



**Read all items listed below before waiting for an answer:**

**[See Attached Health Problems List, if necessary]**

Lung problems, other than asthma

Kidney problems

Anemia, including Sickle Cell

**Or** A weakened immune system caused by a chronic illness or by medicine taken for a chronic illness?

List of Health Problems to Accompany Module 32, Question 3 // can these be entered as a special screen?//

**[DO NOT READ]**

**Lung Problems**

Acute Respiratory Distress Syndrome (ARDS)  
Bronchiectasis  
Bronchopulmonary Dysplasia  
Chronic Obstructive Pulmonary Disease (COPD)  
Cystic Fibrosis  
Emphysema  
Lymphangioleiomyomatosis (LAM)  
Pulmonary Arterial Hypertension  
Sarcoidosis

**Kidney Problems**

Chronic Kidney Disease  
Cystitis  
Cystocele (Fallen Bladder)  
Cysts  
Ectopic Kidney  
End-Stage Renal Disease (ESRD)  
Glomerular Diseases  
Interstitial Cystitis  
Kidney Failure  
Kidney Stones  
Nephrotic Syndrome  
Polycystic Kidney Disease  
Pyelonephritis (Kidney Infection)  
Renal Artery Stenosis  
Renal Osteodystrophy  
Renal Tubular Acidosis

**Anemia**

Anemia  
Aplastic Anemia  
Fanconi Anemia  
Iron Deficiency Anemia  
Pernicious Anemia  
Sickle Cell Anemia  
Thalassemia

**Causes of Weak Immune System**

Cancer  
Chemotherapy  
HIV/AIDS  
Steroids  
Transplant Medicines

- |   |                       |                     |
|---|-----------------------|---------------------|
| 1 | Yes                   |                     |
| 2 | No                    | [Go to next module] |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused               | [Go to next module] |

//ask if mod32\_3=1//

**Mod32\_4.** Do you still have (this/any of these) problem(s)?

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

## Transition to Modules and State-Added Questions

**Please read:**

Finally, I have just a few questions left about some other health topics.

### State-Added 2: French-Canadian Origin

---

//ask of all//

**Please read:**

Previously we asked about race and ethnicity. I have an additional question about this topic.

**NH2\_1** Are you of French-Canadian origin?

- |   |                     |
|---|---------------------|
| 1 | YES                 |
| 2 | NO                  |
| 7 | DON'T KNOW/NOT SURE |
| 9 | REFUSED             |

### State-Added 3: Adult Health Insurance Coverage

---

{CATI: Ask if s3q1= 1 (Have some kind of health plan) else go to next section}

//ask if s3q1=1//

**Please read:** Previously you said you have some kind of health care coverage or health insurance:

**NH3\_1.** Which of the following BEST describes the type of health insurance coverage you have?

**[NOTE: If more than one type of insurance, say "which insurance do you consider your primary insurance?".]**

**Please Read:**

- 01 A plan available through your employer (or workplace union)
- 02 A plan available through your spouse's employer (or workplace union) **Note:** can include domestic partner's employer or workplace union)
- 03 Medicare
- 04 Medicaid
- 05 VA, Champus, or other military plan
- 06 A plan you purchase on your own
- 07 A COBRA plan

**Do Not Read:**

- 66 OTHER
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## State-Added 4: Vision Examination

---

{If MOD2\_8 = 1,2,7,9 go to next section}

//ask if mod2\_8=3, 4, 8//

**Please read:** Previously you said you have not had an eye examination in the past 12 months:

**NH4\_1.** What is the main reason you have not visited an eye care professional in the past 12 months?

**Read only if necessary:**

- 01 Cost/insurance
- 02 Do not have/know an eye doctor
- 03 Cannot get to the office/clinic (too far away, no transportation)
- 04 Could not get an appointment
- 05 No reason to go (no problem)
- 06 Have not thought of it
- 66 Other

**Do not read:**

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

## State Added 6: Secondhand Smoke Policy

---

//ask of all//

**NH6\_1.** Which statement best describes the rules about smoking inside your home?

**Please read:**

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside your home

**Or**

- 4 There are no rules about smoking inside your home

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

{CATI note: If response to Core Q12.9 = 1 (Employed) or 2 (Self-employed), continue. Otherwise, go to NH6\_6.}

//ask if s12q9 = 1, 2//

**NH6\_2.** While working at your job, are you indoors most of the time?

- 1 Yes
- 2 **[Go to NH6\_6]** No
- 7 **[Go to NH6\_6]** Don't Know / Not Sure
- 9 **[Go to NH6\_6]** Refused

//ask if nh6\_2=1//

**NH6\_3.** Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

**[Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.]**

**Please read:**

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas

**Or**

- 4 No official policy

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

//ask if nh6\_2=1//

**NH6\_4.** Which of the following best describes your place of work's official smoking policy for work areas?

**Please read:**

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas

**Or**

- 4 No official policy

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

Please read: These next questions are about exposure to secondhand smoke.

//ask if nh6\_2=1//

**NOTE: If Core Q12.9 = 1 (Employed) or Core Q12.9 = 2 (Self-employed); continue. Otherwise, go to NH6\_6.**

**NH6\_5.** On how many of the past 7 days, did someone smoke in your indoor workplace while you were there?

- Number of days (1–7 days)
- 5 5 Did not work in the past 7 days
- 6 6 I do not work indoors most of the time
- 8 8 None

**Do not read:**

- 7 7 Don't know / Not sure
- 9 9 Refused

//ask of all//

**NH6\_6.** On how many of the past 7 days, did anyone smoke in your home while you were there?

- Number of days (1–7 days)
- 5 5 I was not at home in the past 7 days
- 8 8 None

**Do not read:**

- 7 7 Don't know / Not sure
- 9 9 Refused

## State-Added 7: Suicide

---

Sometimes people feel so sad or hopeless about the future they may consider attempting suicide. That is, taking some action to end their life. The next few questions ask about suicide.

//ask of all//

**NH7\_1** During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

//ask of all//

**NH7\_2** During the past 12 months, did you ever seriously consider attempting suicide?

- 1 Yes
- 2 No {Go to suicide closing}
- 7 Don't know/ Not sure {Go to suicide closing}
- 9 Refused {Go to suicide closing}

//Ask if NH7\_2=1//

**NH7\_3** During the past 12 months, did you make a plan about how you would attempt suicide?

- 1 Yes
- 2 No {Go to suicide closing}
- 7 Don't know/ Not sure {Go to suicide closing}
- 9 Refused {Go to suicide closing}

//Ask if NH7\_3=1//

**NH7\_4** During the past 12 months, how many times did you actually attempt suicide?

- \_\_ Number of times (RANGE 1-76)
- 88 Never {Go to suicide closing}
- 77 Don't know / Not sure
- 99 Refused {Go to suicide closing}

//Ask if NH7\_4=01-87; (NH7\_4=88 or 99 go to suicide closing) (77 should continue to 7\_5)//

**NH7\_5** If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

**Suicide Closing:** If you or anyone you know is feeling depressed or considering suicide, they can get help on the phone by calling the National Crisis Line at 1-800-273-TALK (1-800-273-8255). You can also speak directly to your health care provider or visit your local emergency department.

## State-Added 8: Health Related Quality of Life SF-12v2®

Note: The following 11 questions are subject to copyright laws  
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//ask of all//

**Please read:** Now I'm going to read a list of activities you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

**NH8\_1** ...moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all?

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because your health?]

**Read only if necessary**

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

**Do not read**

- 7 DON'T KNOW
- 9 REFUSED

//ask of all//

**NH8\_2** ...climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all?

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]

**Read only if necessary**

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

**Do not read**

- 7 DON'T KNOW
- 9 REFUSED

//ask of all//

**NH8\_3** The following two questions ask you about your physical health and your daily activities. During the past 4 WEEKS, how much of the time have you accomplished less than you would like as a result of your physical health,?

**Please Read**

- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 A little of the time
- or
- 5 None of the time

**Do not read**

- 7 DON'T KNOW
- 9 REFUSED

//ask of all//

**NH8\_4** During the past four weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

**Please Read**

- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 A little of the time
- or
- 5 None of the time

**Do not read**

- 7 DON'T KNOW
- 9 REFUSED

The following two questions ask about your emotions and your daily activities.

//ask of all//

**NH8\_5** During the past four weeks,, how much of the time have you accomplished less than you would like as a result of any emotional problems such as feeling depressed or anxious?

**Please read**

- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 A little of the time
- or
- 5 None of the time

**Do not read**

- 7 DON'T KNOW
- 9 REFUSED

//ask of all//

**NH8\_6** During the past 4 WEEKS, how much of the time did you do work or other regular daily activities less carefully than usual as a result of any emotional problems such as feeling depressed or anxious?

**Please read**

- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 A little of the time
- or



5 None of the time

**Do not read**

7 DON'T KNOW

9 REFUSED

//ask of all//

**NH8\_7** During the past 4 WEEKS, how much did pain interfere with your normal work (including both work outside the home and house work)? Did it interfere....

**Please read**

1 Not at all

2 A little bit

3 Moderately

4 Quite a bit

Or

5 Extremely

**Do not read**

7 DON'T KNOW

9 REFUSED

**Please read:** The next questions are about how you feel and how things have been with you during the past four weeks.

As I read each statement, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most of the time, some of the time, a little of the time, or none of the time?

//ask of all//

**NH8\_8** How much of the time during the past four weeks.... have you felt calm and peaceful?

**Please read**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

or

5 None of the time

**Do not read**

7 DON'T KNOW

9 REFUSED

//ask of all//

**NH8\_9** How much of the time during the past four weeks..... did you have a lot of energy?

**Please read**

- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 A little of the time
- or
- 5 None of the time

**Do not read**

- 7 DON'T KNOW
- 9 REFUSED

//ask of all//

**NH8\_10** How much of the time during the past four weeks.... have you felt downhearted and depressed?

**Read only if necessary**

- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 A little of the time
- or
- 5 None of the time

**Do not read**

- 7 DON'T KNOW
- 9 REFUSED

//ask of all//

**NH8\_11** During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered....

**Please read**

- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 A little of the time
- or
- 5 None of the time

**Do not read**

- 7 DON'T KNOW
- 9 REFUSED

## State Added 9: Nearest Intersection

---

//Read to all//

Prenh9\_a

In order to help us learn more about environmental factors in your area, we'd like to know what the nearest intersection, or corner, to your home is. This information will never be released or analyzed individually and will be used to group your responses with others from your neighborhood.

For example, you might live closest to the intersection of Main Street and Elm Street, or the intersection of Route 22 and Lincoln Street.

Please name the two cross-streets of this intersection. **(Note: Be sure to confirm street spelling and directionals (N, S, E, W, NW, NE, SW, SE))**

1 Gave Answers

9 Refused **[GO TO NEXT SECTION]**

//If preh9\_a=1//

Nh9\_a (open end)\_\_\_\_\_

//ask of all//

**NH9\_a.** What is the name of the first street at the nearest intersection to your home?

Specify street 1: \_\_\_\_\_

7 Don't know / Not sure

9 Refused

//ask if preh9\_a=1//

**NH9\_b.** (What are the names of the other street at the nearest intersection to your home?)

Specify street 2: \_\_\_\_\_

8 No more streets

7 Don't know / Not sure

9 Refused

## State Added 10: Public Health \*pilot questions added Nov-Dec 2009\*

//ask of all//

The next questions are about public health in New Hampshire.

**NH10\_1.** Which of the following activities do you believe your state or local public health agency performs? For each, please respond yes or no. My state or local public health agency:

//ask of all//

NH10\_1a Provides health care services for poor people

**[Read only if necessary]**

1 Yes

2 No

**[Don't Read]**

7 Don't know

9 Refused

//ask of all//

NH10\_1b Controls the spread of diseases like food borne illness?

**[Read only if necessary]**

1 Yes

2 No

**[Don't Read]**

7 Don't know

9 Refused

**//ask of all//**

NH10\_1c Gives vaccines

**[Read only if necessary]**

1 Yes

2 No

**[Don't Read]**

7 Don't know

9 Refused

**//ask of all//**

NH10\_1d Promotes healthy behaviors, such as not smoking,

**[Read only if necessary]**

1 Yes

2 No

**[Don't Read]**

7 Don't know

9 Refused

**//ask of all//**

NH10\_1e Inspects restaurants for sanitation

**[Read only if necessary]**

1 Yes

2 No

**[Don't Read]**

7 Don't know

9 Refused

**//ask of all//**

NH10\_1f Responds to public health threats such as H1N1 or swine flu

**[Read only if necessary]**

1 Yes

2 No

**[Don't Read]**

7 Don't know

9 Refused

**//ask of all//**

NH10\_1g Administers a government-run health insurance plan

**[Read only if necessary]**

1 Yes

2 No

**[Don't Read]**

7 Don't know

9 Refused

NH10\_1h Promotes policies such as child car seat laws.

**[Read only if necessary]**

1 Yes

2 No

**[Don't Read]**

7 Don't know

9 Refused

//ask of all//

## NH10\_2

Public health programs protect the population by controlling the spread of diseases, providing vaccines for children, promoting policies like child car seat laws, and promoting healthy behaviors such as quitting smoking.

How important are public health programs to you?

**[Please read]**

1 Very important

2 Somewhat important

3 Not very important

4 Not at all important.

**[Do not read]**

7 Don't know

9 Refused

## Asthma Follow-up Questions

---

{New Hampshire will participate in the Adult Asthma Callback survey in 2009}

//ask if s10q1=1 OR s10q2=1//

{If s10q1 or s10q2=1 continue, else go to closing}

**ast1.** We would like to call to you again within the next 2 weeks to talk in more detail about **(your/your child's)** experiences with asthma. The information will be used to help develop and improve the asthma programs in New Hampshire.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future.

- 1 Yes
- 2 No **[go to closing]**

## Closing statement

---

**//read to all//**

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. I can provide you the phone number of the Survey Coordinator at the New Hampshire Department of Health and Human Services. Would you like that now? **[IF YES: YOU CAN CALL 1-603-271-4671]**

Thank you very much for your time and cooperation.